

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under
37 C.F.R. 1.53(b))*

Attorney Docket No.	1818.1026-006
First Named Inventor or Application Identifier	Jonathan S. Stamler
Express Mail Label No.	EL551548660US

Title of Invention	THERAPIES USING HEMOPROTEINS
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [64] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to microfiche Appendix - Background of the Invention - Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [35] <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Fig. of the Drawings for Publication [0] 4. <input type="checkbox"/> Oath or Declaration/POA [Total Pages []] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [NOTE Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) [] Pages c. <input type="checkbox"/> Statement verifying identity of above copies <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">ACCOMPANYING APPLICATION PARTS</th></tr> <tr> <td style="width: 50%;"> 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Duke University Medical Center Durham North Carolina, 27708-0083 </td><td style="width: 50%;"></td></tr> <tr> <td>9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></td><td></td></tr> <tr> <td>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td><td></td></tr> <tr> <td>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td><td></td></tr> <tr> <td>12. <input type="checkbox"/> Preliminary Amendment</td><td></td></tr> <tr> <td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td><td></td></tr> <tr> <td>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired</td><td></td></tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td><td></td></tr> <tr> <td>16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i></td><td></td></tr> <tr> <td>17. <input type="checkbox"/> Other: _____</td><td></td></tr> </table>	ACCOMPANYING APPLICATION PARTS		8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Duke University Medical Center Durham North Carolina, 27708-0083		9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>		10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		12. <input type="checkbox"/> Preliminary Amendment		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>		17. <input type="checkbox"/> Other: _____	
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18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: PCT/US99/15487
 Prior application information: Examiner: Group Art Unit:

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Submitted by Typed or Printed Name	Carol A. Egner	Reg. Number	38,866